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## BIB DATA SHEET

CONFIRMATION NO. 2225

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/605,226	09/16/2003	705	3626	7553.00110 / 03-0910	
<b>RULE</b>					
<b>APPLICANTS</b> Stephen J Brown, Woodside, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 09/237,194 01/26/1999 and is a CON of 08/481,925 06/07/1995 PAT 5,899,855 and is a CON of 08/233,397 04/26/1994 ABN and is a CIP of 07/977,323 11/17/1992 PAT 5,307,263 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/04/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MICHAEL FUELLING/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 87	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> HEALTH HERO NETWORK, INC. 2400 GENG ROAD, SUITE 200 PALO ALTO, CA 94303 UNITED STATES					
<b>TITLE</b> MESSAGING TO REMOTE PATIENTS IN A NETWORKED HEALTH-MONITORING SYSTEM					
<b>FILING FEE RECEIVED</b> 4246	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		